

Abstract 608

TITLE: New HIV Therapies: The Attitudes and Behavioral Intentions of Men Who Have Sex With Men (MSM)

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BACKGROUND/OBJECTIVES: The impact of new HIV therapies on disease-related attitudes and sexual behaviors of seronegative MSM is not well known. Anecdotal reports suggest increased sexual risk-taking. Therapy-related attitudes were examined by Cohort Omega, an ongoing longitudinal study of MSM in Montreal. Study objectives were: 1. to assess questionnaire psychometric quality and 2. to describe associations with therapy-related attitudes.

METHOD: Therapy-related attitude scales were derived by factor analysis for data collected in 1997. Multivariate logistic regression was done using these scales and other potential determinants (sociodemographic and psychosocial) on self-reported condom use intentions in future anal intercourse.

RESULTS: Of 431 subjects, 79% knew either "a little" (215) or "a lot" (126) about new HIV therapies. These men did not differ systematically on sociodemographic factors from other study participants. Three therapy-related attitude scales resulted: 1. *Less safe sex practice by men treated with new HIV therapies* [mean =1.961, 2. *Improved quality of 11% for men treated with new HIV therapies* [mean =4.26] and 3. *AIDS is more chronic and less fearful because of new HIV therapies* [mean = 1.97]. [Scores of 1 = "no agreement"; scores of 2 to 5 = "agree, a little" to "strongly agree"]. Only therapy-related attitude scale #1 had acceptable psychometric quality [explained variance of 62% and reliability (Chronbach's alpha of 0.83)]. Logistic regression analyses demonstrated that MSM who believe there is *less safe sex practice by men treated with new HIV therapies are also* more likely to have at-risk sexual intentions (poor condom use). The model included perceived chance of future HIV infection, age, education, and the following psychosocial factors: fear, preoccupation with AIDS; avoidance of the idea of AIDS; and importance of physical health. No other therapy related attitude scale was associated.

CONCLUSIONS: Cohort participants are cautiously optimistic about the new HIV therapies. They believe HIV/AIDS is less severe for people living with HIV while remaining skeptical of the idea of AIDS as a chronic disease. MSM who believe, however, that the new therapies incite less safer sex by treated seropositive men, are also more likely to have at-risk sexual intentions. These men likely attribute to treated seropositive men what they themselves might do given existing personal risks. They have the following *risk-determinant profile: perceive future HIV infection as possible, avoidant of the idea of HIV/AIDS, less education, and attribute little importance to physical health*. Prevention programs must be cognizant of the potential for rapidly changing HIV therapies to contribute to existing personal challenges in the negotiation and maintenance of safer sex. Future analyses will use a larger study sample, confirm the therapy-related attitude scales and make use of a behavioral rather than intentional outcome.

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